

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010686

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

47 3008 87  
FILED MAR 20 1963

1. PLACE OF DEATH

a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Fulton

Length of stay in 1b  
1 Year

c. CITY OR TOWN Fulton

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Callaway Mem. Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
731 Grand Ave

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Vearlee Gertrude Epperson

4. DATE OF DEATH  
Month Day Year  
March 16 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
3/16/1881

9. AGE (last birthday)  
81

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Home

10b. KIND OF BUSINESS OR INDUSTRY  
none

11. BIRTHPLACE (City and state or country)  
Vainwright, Mo

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Joseph Epperson

13b. MOTHER'S MAIDEN NAME

Zona Worsham

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

ne

17. INFORMANT

Address

Mrs. Ruth McCleary, Jackson, Mich

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1-2-3° Burns of Head, neck, trunk, arms & legs

INTERVAL BETWEEN  
ONSET AND DEATH

3/3/63

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

arteriosclerosis with hypertension

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Cooking breakfast & robe became ignited

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. Mar. 3, 1963

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Home

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Fulton, Callaway, Mo.

21. I attended the deceased from 3/3/63 to 3/16/63 and last saw her alive on 3/16/63

Death occurred at 5:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry D. Smith, M.D.

22b. ADDRESS

Fulton, Mo.

22c. DATE SIGNED

3/18/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Mar. 18, 1963

23c. NAME OF CEMETERY OR CREMATORY

Callaway Memorial Gardens

23d. LOCATION (City, town, or county)

Fulton

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Browning Funeral Home, Fulton, Mo

25. DATE RECD. BY LOCAL REG.

March 18, 1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.